



Tools for the Trade: Using Standardized Screening and Assessment Instruments

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[Introduction]

- Speaker
- Participants
- Agenda
- Expectations

[Workshop Objectives]

- Understand the principles of screening and assessment
- Identify the characteristics of standardized instruments
- Identify screening and assessment tools
- Become familiar with standardized instrument resources

[Screening]

- Brief process which identifies possible problems requiring further assessment
- Occurs in general or at risk populations

[Screening]

- Problem presence and/or severity
- SA, MH. home, school, legal
- Safety (physical, medical, psychological)
- Does not confirm a diagnosis
- Includes client and family
- May include laboratory tests (breath, blood, urine)

[Screening “Red Flags”]

- Substance Use
 - * Use during childhood or early teens
 - * Use before or during school
 - * Peer involvement in substance abuse
 - * Daily use of one or more substances

Treatment Improvement Protocol #31

[Screening “Red Flags”]

- Psychosocial
 - * Physical or sexual abuse
 - * Parental substance abuse
 - * Sudden drop in school performance
 - * Peer or self involvement in serious crime
 - * Marked changes in physical health
 - * HIV high risk activities
 - * Indications of serious psychological problems (depression, suicide ideation, etc.)

Treatment Improvement Protocol #31

[Assessment]

- Collects a wide range of psychosocial information
- Includes information from client, family and collateral sources
- Laboratory studies and physical exams
- Clinical interview or questionnaire formats
- Occurs in assessment/intake units, treatment centers, off-site youth locations

[Assessment]

- Identifies SA, MH and related problems
- Provides diagnostic information
- Identifies strengths/resources
- Assesses motivation/readiness
- Referrals and placement decisions
- Forms basis for Rx plan

Bio-Psychosocial Assessment Domains

- Drug and Alcohol History
- Mental/Emotional Health History
- Family & Developmental History
- Educational/Vocational History
- Medical/Sexual History/HIV risk
- Legal Problems
- Peer Relationships
- Leisure/Recreational Activities
- Cultural/Spiritual Orientation
- Strengths/Resources
- Motivation/Readiness for Change

[Diagnosis]

- Diagnostic and Statistical Manual of Mental Disorders: Text Revision (4th edition): DSM-IV-TR
- Multi-axial system
 - * Axis I Clinical Disorders
Other disorders that May be
The Focus of Clinical Attention
 - * Axis II Personality Disorders
Mental Retardation
 - * Axis III General Medical Conditions
 - * Axis IV Psychosocial and Environmental
Problems
 - * Axis V Global Assessment of Functioning

[DSM IV-TR Classifications]

- Disorders Usually First Diagnosed in Infancy, Childhood or Adolescents
- Delirium, Dementia and Amnesic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition
- Substance- Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders

[DSM IV-TR Classifications]

- Factitious Disorders
- Dissociative Disorders
- Sexual and Gender Identity Disorders
- Eating Disorders
- Sleep Disorders
- Impulse Control Disorders
- Adjustment Disorders
- Personality Disorders
- Other Conditions That May Be a Focus of Clinical Attention

Adolescent Diagnostic Challenges

- DSM SA criteria may not be developmentally appropriate for youth
 - * Some criteria may be atypical or occur only in certain subgroups
 - * Criteria do not consider frequency or quantity of use
 - * May be more appropriate to focus on patterns and negative consequences from use

[Substance Dependence]

- Three or more of the following in 12 month period
 - * tolerance
 - * withdrawal
 - * using larger amounts or for longer periods of time than intended
 - * unsuccessful attempts to cut down or control use
 - * greater amount of time procuring or recovering from use
 - * important social, occupational or recreational activities reduced due to use
 - * continued use in spite of physical or psychological problems

Adolescent Diagnostic Challenges

- Co-occurring disorders
 - * Expectation not exception
 - * Prevalence
- Developmental Issues
 - * experimentation
 - * physical, emotional changes
 - * Adolescent brain

Frequently Co-Occurring Diagnoses in Youth

- Substance Use and
 - * Conduct Disorder
 - * ADHD
 - * Learning Disabilities
 - * Oppositional Defiant Disorders
 - * Traumatic Stress Disorders
 - * Generalized Anxiety Disorder
 - * Major Depressive Disorder

Principles of Screening and Assessment

- Establish rapport/engagement
- Explain purpose and how the information will be utilized
- Address confidentiality and limitations
- Engage parents/caretakers
- Consider validity of client self report and parental reports
- Assessment is an on-going process

[Promote Validity of Self Report]

- Build Rapport
- Establish confidentiality
- Use standardized instruments
- Utilization of biological assays such as urinalysis testing

Six Habits of Highly Effective Assessors

- Use of motivational enhancement approach
- Include well designed instrument(s)
- Understand the difference between screening and comprehensive assessment
- Self report generally valid, but use caution
- Appreciate adolescent developmental issues
- Appreciate the relevance of content for referral and treatment goal

Source: Winters 2007

[Standardized Instruments]

- Identify problem(s): presence/severity
- Identify needs for further assessment
- Identify needs for referral
- Assist in/substantiate diagnosis
- Placement decisions
- Treatment planning
- Follow-up studies

[Instrument Characteristics]

- Functionality
 - * Ease of administration
 - * Training requirements
 - * Credentials of screener/assessor
 - * Costs

[Instrument Characteristics]

- Reliability

- * Consistency and dependability of a measure

- * Co-efficient range of 1-1.0, with $>.80$ considered good

- Validity

- * Measures what it's supposed to

- * Co-efficient range of $.30-.80+$

[Instrument Characteristics]

- Norms
 - * Characteristics of the group(s) the instrument was administered to
 - * Norms must be applicable to the person being evaluated by the instrument

[Instrument Formats]

- Interview
 - * structured
 - * semi-structured
- Paper and pencil questionnaire
- Computerized questionnaire
- Online surveys

[Client Characteristics]

- Demographics
- Reading level
- Comprehension
- Learning disabilities
- Attention deficit disorders

Benefits of Using Standardized Screening and Assessment Tools

- Evidence-based clinical tools
- Objective: quantifies results
- Accuracy: reliable & valid
- Confirm (usually multiple) diagnosis
- Staff training/experience
- Computerized scoring & reports
- Truthfulness scales

[Types of Instruments]

- Screening
 - * One dimension
 - * Multiple domains
 - * Varying amounts of psychosocial information
- Assessment
 - * Comprehensive bio-psychosocial
 - * Diagnostic: Axis I or II
 - Multi-axial
 - * Placement criteria

[Screening Instruments]

- Rutgers Alcohol Problem Index
 - * Problem drinking
 - * Consequences of alcohol use
 - * Ratings (0-4) added for a total score
 - * The higher the score, the greater the probability of a SA disorder
 - * Clinical and non-clinical populations
 - * Can ask shorter time frames (6 mos., 1 yr).

[Screening Instruments]

- Beck Depression Inventory-2nd Edition
 - * 21 item self report instrument
 - * Ages 13 and older
 - * Assesses presence and severity
 - * Corresponds to DSM IV criteria
 - * Scoring identifies minimal, mild, moderate and severe
 - * Additional youth inventories for ages 7-14

[Screening Instruments]

- Substance Abuse Subtle Screening Inventory- Adolescent Version
 - * subtle and alcohol and drug related questions
 - * Nine (9) scales
 - * Low or high probability of SA disorder
 - * Clinical and at risk populations
 - * Validity scales

Screening Instruments

- Global Assessment of Individual Needs- Short Screen
 - * Problem severity in four domains:
 - Internalizing disorders (somatic, depression, suicide, anxiety, trauma)
 - Externalizing disorders (ADHD, conduct disorder, impulse control)
 - Substance use disorders (abuse, dependency)
 - crime/violence (interpersonal, property, drug related)
 - * Sub-screen and total problem severity score
 - * Cut off scores for clinical decisions
 - * General and at risk populations

[Screening Instruments]

- Teen Addiction Severity Index
 - * Seven (7) domains: chemical use, school, employment, family function, legal status, psychiatric status, peer/social relationships
 - * Psychosocial information
 - * Used in clinical settings
 - * Interviewer severity rating
 - * Client severity rating
 - * Follow-up

[Assessment Instruments]

- Global Appraisal of Individual Needs
 - * Bio-psychosocial structured interview
 - * Based on DSM IV-TR criteria
 - * Multi-axis diagnostic criteria
 - * ASAM PCC-2 criteria
 - * Treatment planning
 - * Computerized scoring and reports
 - * Several versions

[Assessment Instruments]

- MINI International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid)
 - * Based on DSM IV-TR criteria
 - * Axis I disorders
 - * Not a complete psychosocial
 - * Copyrighted, but single copies can be made for clinical and research purposes in non profit settings

[Assessment Instruments]

- Adolescent Diagnostic Interview
 - * Structured interview based on DSM IV
 - * Substance abuse diagnosis
 - * Psychosocial stressors, school, interpersonal functioning, cognitive impairment (memory and orientation)
 - * Screens for commonly occurring mental disorders in youth

[Assessment Instruments]

- Practical Adolescent Dual Diagnosis Interview
 - * Structured clinical interview
 - * Based on DSM-IV criteria
 - * Substance use disorders, depression, mania, panic disorders, anxiety, phobias, PTSD, conduct disorders, oppositional defiant disorders, psychotic symptoms
 - * Paranoid and dependent personality traits, dangerousness to self and others, victimization
 - * Scoring: supports diagnosis, possible diagnosis, rule outs, psychiatric referral

Ways to Incorporate Standardized Instruments

- Clinician (supervisor's approval)
- Programs (supervisor/agency approval)
- Agency (administrative/quality approval)
- Augment existing screening & assessment
- Replace all/portions of current processes
- As part of on-going assessment, as indicated
- May be required for state funded SA programs

Screening and Assessment Resources

- Adolescent Screening and Assessment Instrument Compendium for Substance Abuse and Mental Disorder
<http://www.scattc.org>
- University of Washington Alcohol and Drug Abuse Institute
<http://lib.adai.washington.edu/instruments>
- Screening and Assessing Mental Health and Substance Abuse Disorders Among Youth in the Juvenile Justice System
<http://www.ncjrs.gov/pdffiles1/ojjdp/20496.pdf>

Screening and Assessment Resources

- TIP 31: Screening and Assessing Adolescents for Substance Use Disorders

<http://www.ncbi.nlm.gov/books/bv.fcgi?rid=hstat5.part22441>

- Assessing Alcohol Problems: A Guide for Clinicians and Researchers

<http://pubs.niaaa.nih.gov/publications/Assessing%20Alcohol/index/htm>

[Summary]

- Screening identifies probable substance use, mental health and/or other problem areas that need for further assessment
- Assessment identifies substance abuse, mental health and related psychosocial problems and forms the basis for treatment referral and planning
- Screening and assessment instruments can provide reliable and valid information in conjunction with clinical observations and data from collateral and medical sources

[Conclusion]

- Thank you for the work you do
- Thank your supervisor/agency for supporting your participation in this conference
- Please complete workshop evaluation
- I hope to see you all again!

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